ANNEXURE-I

Rama Medical College Hospital & Research Centre

Mandhana Kanpur

CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"PROSPECTIVE STUDY OF OROPHARYNGEAL CANDIDIASIS IN CANCER PATIENTS AT KANPUR"**

I understand that my name and identity will be concealed.
Once signed, I cannot revoke my consent.

(To be explain in detail in native language)

सहमति फार्म

मैं .....पुत्र/पुत्री /पत्नी/..... स्वयंइस अध्ययन में भागलेनारहा/रहीं हूं I मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशित करनेकीसहमतिदेता/देतीहूं I मैंसमझता/समझतीहूं किमेरापहचानगोपनीयरखी जाएगी।

एक बारहस्ताक्षरकेपश्चातमैंसहमतिरद्द नहीं कर सकता/सकती हूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठेनिशानः.....दिनाकः.....

ANNEXURE – IB

PROFORMA

Patient's Name :	Date :
Age / Gender :	OPD/ IPD No. :
Occupation :	Contact No. :
Address :	
Refered by Dr. :	Hospital :

Patient's Chief Complaints	**Yes**	**No**
Fever with duration		
Loss of weight		
Other complains		
History of Patient		
History of contact with active cancer patient		
Family history		
Smoking habit		
Alcohol		
Treatment history		

ANNEXURE – IB

CLINICAL EXAMINATION	FINDINGS
General Physical examination 1. Pre treatment	
2.Post treatment	